



October 20th thru 22nd, 2017



2017 Darkside Distance Festival Application

NAME: _____ AGE (RACE DAY): _____

ADDRESS: _____ GENDER: _____

EMAIL: _____ PHONE #: _____ Shirt/Jacket size: _____

Dietary Needs: vegetarian: _____ vegan: _____ gluten-free: _____ no-pref.: _____ other: _____

Entry Fees to Events offered:

- | | |
|---|------------------|
| <input type="checkbox"/> 1-Day Fri | Entry Fee: \$75 |
| <input type="checkbox"/> 1-Day Sat | Entry Fee: \$75 |
| <input type="checkbox"/> 1-Day Sun | Entry Fee: \$75 |
| <input type="checkbox"/> 2-Days Fri~Sat | Entry Fee: \$125 |
| <input type="checkbox"/> 2-Days Sat~Sun | Entry Fee: \$125 |
| <input type="checkbox"/> 3-Days Fri~Sun | Entry Fee: \$150 |

Event Plan (Specify what you plan to accomplish during this time):

Please Checkmark the race(s) you would like to enter and send this form along with a check or money order for the total amount to the address provided below.

Liability and Publicity Release

(Information in parentheses applies only if participant is under 18 years of age.)

In consideration for allowing me (my child) to participate in the Darkside Distance Festival, I, the undersigned, intending to be legally bound, waive and release, for (my child) myself, my heirs, executors and administrators, any and all rights and claims for property damage and personal injury, including death, which I (my child) may have against the coordinators and volunteers involved with this event (as well as their representatives, successors and assignees) arising from my participating in this event. I verify that I have full knowledge of the rigors of this race and the risk involved in participation, and I am (child is) physically fit and have (has) sufficiently trained to complete this event. I (on behalf of my child) hereby grant permission to the event coordinators to use all

information submitted in my application and my photograph and any other record of this event including pre-race and post-race publicity.

Senoia/Haralson/Coweta County
RELEASE AND WAIVER OF LIABILITY

The undersigned, hereby acknowledges a desire for members(s) of the family to participate in an event in Haralson and Senoia of Coweta County. The undersigned further acknowledges that such participation, including travel to and from events, involves an inherent risk of physical and mental injury, but acknowledges that participation is voluntary and agrees to assume any and all risks.

The undersigned, further acknowledges and agrees that Haralson, Senoia and Coweta County employees, and agents assume no responsibility for personal injuries and/or property damage which might be suffered by the family member(s) during any and all participation and does hereby expressly release these two Cities, City council members, employees, and agents from any and all liability relating to any such injuries and/or damage.

By signing this release, the parent/adult participant(s) consents to such participation and agrees to have sufficient medical insurance in place for the minor(s) and/or adult(s) in effect during this period.

Participant's Name

(Age)

Parent/Adult Participation Signature

Date

For more information visit the website:

<http://darksiderunningclub.com/race-applications/darkside-distance-festival/>

Make check out to '**Darkside Running Club**'

and mail with application to:

Artistik Dreamlife, LLC

701 W Poinsett St

Greer, SC 29650